

**Fill in this information to identify your case and this filing:**

Debtor 1 Barbara Jean Sims  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA

Case number 21-12240  
(if known)

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1.

**1173 S. Evergreen Drive**

Street address, if available, or other description

**Phoenixville PA 19460**  
City State ZIP Code

**Chester**  
County

**1173 S. Evergreen Drive, Phoenixville,  
PA 19460  
\$335,880 (Online Appraisal \$373,200  
minus estimated sale commission  
\$37,320)**

**What is the property?**

Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other

**Who has an interest in the property?**

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$373,200.00</u>	<u>\$335,880.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

☐ Check if this is community property (see instructions)

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....**



**\$335,880.00**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1. Make: **Chevy** Who has an interest in the property? Check one.  
Model: **Malibu** ☒ Debtor 1 only  
Year: **2012** ☐ Debtor 2 only  
Approximate mileage: **180,102** ☐ Debtor 1 and Debtor 2 only  
Other information: **2012 Chevy Malibu (approx. 180,102 miles)** ☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$2,099.00</b>	<b>\$2,099.00</b>

3.2. Make: **Jayco** Who has an interest in the property? Check one.  
Model: **Travel Trailer** ☒ Debtor 1 only  
Year: **2009** ☐ Debtor 2 only  
Approximate mileage: **2001 Jayco Travel Trailer** ☐ Debtor 1 and Debtor 2 only  
Other information: **2001 Jayco Travel Trailer** ☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$5,900.00</b>	<b>\$5,900.00</b>

### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

**\$7,999.00**

## Part 3: Describe Your Personal and Household Items

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

### 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No

☒ Yes. Describe.... **All household goods and furnishings.**

**\$3,000.00**

### 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No

☒ Yes. Describe.... **All household electronics including TV, Laptop Computer, Cell Phone**

**\$300.00**

Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No  
☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No  
☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No  
☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No  
☒ Yes. Describe..... **Used Clothes** **\$200.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No  
☒ Yes. Describe..... **Jewelry** **\$500.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No  
☒ Yes. Describe..... **Pet Dog** **\$0.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No  
☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....** **\$4,000.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No  
☐ Yes..... Cash: .....

Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No  
☒ Yes..... Institution name:

17.1. Checking account: **PNC Checking account #\*\*\*\*3378** **\$3,500.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No  
☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them..... Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No  
☐ Yes. List each account separately. Type of account: Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes..... Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes..... Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them

Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No

☐ Yes. Give specific information

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No

☒ Yes. Describe each claim.....

**IVC Filter Claim**  
  
**Lawsuit has not been filed as of the petition date.**  
  
**Will be filed under Cook MDL (Case No. 1:14-mj-2570-RLY-TAB)**  
  
**Estimated Recovery 3K to 9K, if any.**

**\$9,010.00**

Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No  
☐ Yes. Give specific information

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....** **\$12,510.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☒ No  
☐ Yes. Describe..

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

☒ No  
☐ Yes. Describe..

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☒ No  
☐ Yes. Describe..

**41. Inventory**

☒ No  
☐ Yes. Describe..

**42. Interests in partnerships or joint ventures**

☒ No  
☐ Yes. Describe..... Name of entity: % of ownership:

**43. Customer lists, mailing lists, or other compilations**

☒ No  
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?  
☐ No  
☐ Yes. Describe....

Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....** → **\$0.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**47. Farm animals**

*Examples: Livestock, poultry, farm-raised fish*

- ☒ No  
☐ Yes....

**48. Crops--either growing or harvested**

- ☒ No  
☐ Yes. Give specific information.....

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No  
☐ Yes....

**50. Farm and fishing supplies, chemicals, and feed**

- ☒ No  
☐ Yes....

**51. Any farm- and commercial fishing-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....** → **\$0.00**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → **\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2..... → **\$335,880.00**

56. Part 2: Total vehicles, line 5 **\$7,999.00**

57. Part 3: Total personal and household items, line 15 **\$4,000.00**

58. Part 4: Total financial assets, line 36 **\$12,510.00**

59. Part 5: Total business-related property, line 45 **\$0.00**

60. Part 6: Total farm- and fishing-related property, line 52 **\$0.00**

61. Part 7: Total other property not listed, line 54 **+\$0.00**

62. Total personal property. Add lines 56 through 61..... **\$24,509.00** Copy personal property total → **+\$24,509.00**

63. Total of all property on Schedule A/B. Add line 55 + line 62..... **\$360,389.00**



**Fill in this information to identify your case:**

Debtor 1	<b>Barbara</b>	<b>Jean</b>	<b>Sims</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DIST. OF PENNSYLVANIA</b>		
Case number (if known)	<b>21-12240</b>		

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: <b>1173 S. Evergreen Drive, Phoenixville, PA 19460</b> <b>\$335,880 (Online Appraisal \$373,200 minus estimated sale commission \$37,320)</b> Line from <i>Schedule A/B</i> : <u>1.1</u>	<b>\$335,880.00</b>	<input checked="" type="checkbox"/> <b>\$25,150.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(1)</b>
Brief description: <b>2012 Chevy Malibu (approx. 180,102 miles)</b> Line from <i>Schedule A/B</i> : <u>3.1</u>	<b>\$2,099.00</b>	<input checked="" type="checkbox"/> <b>\$2,099.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(2)</b>

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>2009 Jayco Travel Trailer</b> <b>2001 Jayco Travel Trailer</b> Line from Schedule A/B: <u>3.2</u>	<u>\$5,900.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>All household goods and furnishings.</b> Line from Schedule A/B: <u>6</u>	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>All household electronics including TV, Laptop Computer, Cell Phone</b> Line from Schedule A/B: <u>7</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Used Clothes</b> Line from Schedule A/B: <u>11</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Jewelry</b> Line from Schedule A/B: <u>12</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: <b>PNC Checking account #****3378</b> Line from Schedule A/B: <u>17.1</u>	<u>\$3,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,325.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>IVC Filter Claim</b>  <b>Lawsuit has not been filed as of the petition date.</b>  <b>Will be filed under Cook MDL (Case No. 1:14-mj-2570-RLY-TAB)</b>  <b>Estimated Recovery 3K to 9K, if any.</b> Line from Schedule A/B: <u>33</u>	<u>\$9,010.00</u>	<input checked="" type="checkbox"/> <u>\$9,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(11)(D)

**Fill in this information to identify your case:**

Debtor 1 Barbara Jean Sims  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)                                                                 
First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA

Case number 21-12240  
 (if known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

<i>Column A</i> <b>Amount of claim</b> Do not deduct the value of collateral	<i>Column B</i> <b>Value of collateral that supports this claim</b>	<i>Column C</i> <b>Unsecured portion</b> If any
<u>\$4,461.43</u>	<u>\$335,880.00</u>	<u>                    </u>

2.1

**AmeriCredit Financial Services, Inc.**  
Creditor's name  
**P O Box 183853**  
Number Street

**Describe the property that secures the claim:**  
**1173 S. Evergreen Drive,**  
**Phoenixville, PA 19460**

Arlington TX 76096  
City State ZIP Code

**Who owes the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☒ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Date debt was incurred 03/15/2017 Last 4 digits of account number     N    A    

Add the dollar value of your entries in Column A on this page. Write that number here:

\$4,461.43

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.2	Describe the property that secures the claim: <b>Asset Acceptance LLC</b> Creditor's name <b>P.O. Box 2036</b> Number Street	<b>1173 S. Evergreen Drive, Phoenixville, PA 19460</b>	<b>\$10,567.14</b>	<b>\$335,880.00</b>
<p><b>Warren MI 48090-2036</b> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b> <u>02/09/2010</u> <b>Last 4 digits of account number</b> <u>    N    A    </u></p>				

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☒ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

2.3	Describe the property that secures the claim: <b>PNC Mortgage, a division of PNC Bank</b> Creditor's name <b>Attn: Bankruptcy Department</b> Number Street <b>3232 Newmark Drive</b>	<b>1173 S. Evergreen Drive, Phoenixville, PA 19460</b>	<b>\$155,481.00</b>	<b>\$335,880.00</b>
<p><b>Miamisburg OH 45342</b> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b> <u>11/2001</u> <b>Last 4 digits of account number</b> <u>    3    3    7    8    </u></p>				

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset)

**Conventional Real Estate Mortgage**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$166,048.14**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.4	Describe the property that secures the claim: <b>PNC Mortgage, a division of PNC Bank</b> Creditor's name <b>Attn: Bankruptcy Department</b> Number Street <b>3232 Newmark Drive</b>  <b>Miamisburg OH 45342</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred <b>04/2002</b>	Describe the property that secures the claim: <b>1173 S. Evergreen Drive, Phoenixville, PA 19460</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	<b>\$2,794.00</b>	<b>\$335,880.00</b>	
-----	---	---	-------------------	---------------------	--

2.5	Describe the property that secures the claim: <b>Valley Forge Sewer Authority</b> Creditor's name <b>333 Pawlings Road</b> Number Street  <b>Phoenixville PA 19460</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred <b>10/22/14</b>	Describe the property that secures the claim: <b>1173 S. Evergreen Dr., Phoenixville, PA 19460</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	<b>\$9,106.33</b>	<b>\$335,880.00</b>	
-----	---	---	-------------------	---------------------	--

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$11,900.33**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$182,409.90**

Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1

**Katherine E. LaDow, Esq.**

On which line in Part 1 did you enter the creditor? **2.5**

Name

**Lamb McErlane PC**

Last 4 digits of account number \_\_\_\_\_

Number Street

**24 East Market Street**

**P.O. Box 565**

**West Chester**

**PA**

**19381-0565**

City

State

ZIP Code

2

**PNC Bank, N.A.**

On which line in Part 1 did you enter the creditor? **2.4**

Name

**P.O. Box 94982**

Last 4 digits of account number \_\_\_\_\_

Number Street

**Cleveland**

**OH**

**44101-4982**

City

State

ZIP Code

3

**PNC Bank, N.A.**

On which line in Part 1 did you enter the creditor? **2.3**

Name

**P.O. Box 94982**

Last 4 digits of account number \_\_\_\_\_

Number Street

**Cleveland**

**OH**

**44101-4982**

City

State

ZIP Code

**Fill in this information to identify your case:**

Debtor 1 Barbara Jean Sims  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA

Case number 21-12240  
(if known)

☐ Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

**1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.  
☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<b>2.1</b>	<b>\$61.99</b>	<b>\$61.99</b>	<b>\$0.00</b>

**Keystone Collections Group**

Priority Creditor's Name

**546 Wendel Road**

Number Street

Last 4 digits of account number           N A

When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Irwin** **PA** **15642**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Schuylkill Township**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 1: Your PRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

Priority amount

Nonpriority amount

2.2

\$1,199.28

\$1,199.28

\$0.00

**Keystone Collections Group**

Priority Creditor's Name

**546 Wendel Road**

Number Street

Last 4 digits of account number

            **N A**

When was the debt incurred?

**Various**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Irwin**

**PA**

**15642**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Phoenixville School District**

2.3

\$41.93

\$41.93

\$0.00

**Keystone Collections Group**

Priority Creditor's Name

**546 Wendel Road**

Number Street

Last 4 digits of account number

            **N A**

When was the debt incurred?

**Various**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Irwin**

**PA**

**15642**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Phoenixville Area School District**



Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**Part 1: Your PRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.4

\$2,813.00	\$2,813.00	\$0.00
------------	------------	--------

**Timothy E. Wilfong, Esquire**

Priority Creditor's Name

**Law Office of Timothy E Wilfong LLC**

Number Street

**20 South Main Street**

**Phoenixville**

**PA**

**19460**

City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

**08/05/2021**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☒ Other. Specify

Attorney fees for this case

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

4.1

**AFC Urgent Care**

Nonpriority Creditor's Name

**265 Schuylkill Road**

Number Street

**Phoenixville PA 19460**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.2

**Americollect**

Nonpriority Creditor's Name

**1851 S. Alverno Rd**

Number Street

**Manitowoc WI 54221-1566**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 6 5 7 8

**When was the debt incurred?** 02/23/2021

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

**\$146.75**

**Last 4 digits of account number** 8 7 9 A

**When was the debt incurred?** 03/2021

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

**\$135.00**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

**\$346.22**

**Apex Asset Management LLC**

Nonpriority Creditor's Name

**2501 Oregon Pike STE 102**

Number Street

Last 4 digits of account number 0 7 9 2

When was the debt incurred? 11/18/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Debt Buyer**

**Lancaster PA 17601-4890**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.4

**\$234.88**

**Apex Asset Management LLC**

Nonpriority Creditor's Name

**2501 Oregon Pike STE 102**

Number Street

Last 4 digits of account number 0 3 4 0

When was the debt incurred? 11/18/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Debt Buyer**

**Lancaster PA 17601-4890**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.5

**\$68.49**

**Arcadia Recovery Bureau LLC**

Nonpriority Creditor's Name

**PO Box 6768**

Number Street

Last 4 digits of account number 3 1 1 7

When was the debt incurred? 06/20/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

**Philadelphia PA 19610**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6

\$40.78

**Arcadia Recovery Bureau LLC**

Nonpriority Creditor's Name

**PO Box 6768**

Number Street

**Philadelphia PA 19610**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0 0 7 6**

When was the debt incurred? **06/24/2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

4.7

\$150.00

**Brandywine**

Nonpriority Creditor's Name

**201 Reeceville Road**

Number Street

**Coatesville PA 19320**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4 1 8 5**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

4.8

\$152.99

**Cardiology Consultants of Philadelphia**

Nonpriority Creditor's Name

**207 North Broad St 3rd FL**

Number Street

**Philadelphia PA 19107-1500**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3 2 7 7**

When was the debt incurred? **03/03/2021**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

\$166.00

**Harris & Harris Ltd**

Nonpriority Creditor's Name

**111 West Jackson Blvd, Suite 400**

Number Street

**Chicago**

**IL**

**60604-4135**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9 2 8 6**

When was the debt incurred? **02/2021**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Debt Collector**

4.10

\$80.00

**Main Line Emergency Med Assoc**

Nonpriority Creditor's Name

**56 W Main St, Ste 305**

Number Street

**Christiana**

**DE**

**19702-1503**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1 1 2 P**

When was the debt incurred? **02/25/2020**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

4.11

\$1,190.00

**Main Line Gastroenterology Assc.**

Nonpriority Creditor's Name

**PO Box 782167**

Number Street

**Philadelphia**

**PA**

**19178-2167**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6 8 1 8**

When was the debt incurred? **2020**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12

**\$8,792.05**

**Main Line Health**

Nonpriority Creditor's Name

**130 South Bryn Mawr Avenue**

Number Street

**Bryn Mawr PA 19010**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4 1 7 3**

When was the debt incurred? **Various**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

4.13

**\$1,654.15**

**Main Line Health**

Nonpriority Creditor's Name

**130 South Bryn Mawr Avenue**

Number Street

**Bryn Mawr PA 19010**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4 1 7 3**

When was the debt incurred? **2020**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

4.14

**\$2,202.50**

**Minquas Fire Co Ambulance**

Nonpriority Creditor's Name

**PO Box 726**

Number Street

**New Cumberland PA 17070-0726**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8 0 0 4**

When was the debt incurred? **11/14/20**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

**\$5,539.48**

**North American Partners in Anesthesia**

Nonpriority Creditor's Name

**PO Box 275**

Number Street

**Glen Head NY 11545-0275**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.16

**\$215.00**

**Paoli Hematology Oncology Assoc.**

Nonpriority Creditor's Name

**2 Industrial Blvd. Suite 110**

Number Street

**Paoli PA 19301-1645**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.17

**\$989.95**

**Penn Medicine**

Nonpriority Creditor's Name

**PO Box 824406**

Number Street

**Philadelphia PA 19182-4406**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8 4 8 9**

When was the debt incurred? **07/11/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

Last 4 digits of account number **8 9 4 9**

When was the debt incurred? **11/17/20**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

Last 4 digits of account number **7 8 7 4**

When was the debt incurred? **10/21/2020**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18

**\$395.00**

**PMA Gastroenterology Center**

Nonpriority Creditor's Name

**PO Box 722**

Number Street

**Phoenixville PA 19460-0722**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.19

**\$31.56**

**PMA Medical Specialists**

Nonpriority Creditor's Name

**PO Box 791486**

Number Street

**Baltimore MD 21279-1486**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.20

**\$1,333.41**

**Premier Orthopaedics**

Nonpriority Creditor's Name

**PO Box 1870**

Number Street

**Cary NC 27512-1870**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4 1 7 6**

When was the debt incurred? **Various**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

Last 4 digits of account number **5 4 8 2**

When was the debt incurred? **1/29/2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

Last 4 digits of account number **7 2 5 0**

When was the debt incurred? **2021**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**



Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

**\$1,190.00**

**Regional Gast. Assoc. of Lancaster**

Nonpriority Creditor's Name

**PO Box 782167**

Number Street

**Philadelphia PA 19178-2167**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.22

**\$293.00**

**Tek-collect Inc**

Nonpriority Creditor's Name

**PO Box 1269**

Number Street

**Columbus OH 43216**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.23

**\$740.07**

**Tower Health**

Nonpriority Creditor's Name

**PO Box 16051**

Number Street

**Reading PA 19612-6051**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6 8 1 8**

When was the debt incurred? **2020**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

Last 4 digits of account number **4 8 2 8**

When was the debt incurred? **05/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Debt Collector**

Last 4 digits of account number **1 8 2 5**

When was the debt incurred? **06/04/2021**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.24

\$150.00

**Tower Health System**

Nonpriority Creditor's Name

**PO Box 70894**

Number Street

**Philadelphia PA 19176-5894**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 9 6 1

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

4.25

\$165.78

**Tower Health System**

Nonpriority Creditor's Name

**PO Box 70894**

Number Street

**Philadelphia PA 19176-5894**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 5 9 3

When was the debt incurred? 1/24/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

4.26

\$80.00

**Transworld System Inc**

Nonpriority Creditor's Name

**500 Virginia Dr., Suite 514**

Number Street

**Ft. Washington PA 19034**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 5 4 8 9

When was the debt incurred? 06/08/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**4.27** **\$793.36**

**United Anes Serv PC**

Nonpriority Creditor's Name

**PO Box 828962**

Number Street

Last 4 digits of account number **4 1 5 7**

When was the debt incurred? **2021**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Philadelphia PA 19182**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical**

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**C-Tech Collections, Inc**

Name

**PO Box 402**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Mt. Sinai**

**NY**

**11766**

City

State

ZIP Code

**Main Line Health**

Name

**P.O. Box 780163**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Philadelphia**

**PA**

**19178-0163**

City

State

ZIP Code

**Main Line Health**

Name

**P.O. Box 780163**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Philadelphia**

**PA**

**19178-0163**

City

State

ZIP Code

**Paoli Hospital**

Name

**255 W Lancaster Ave**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Paoli**

**PA**

**19301**

City

State

ZIP Code

**Paoli Hospital**

Name

**255 W Lancaster Ave**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Paoli**

**PA**

**19301**

City

State

ZIP Code

Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Premier Orthopaedics**

Name On which entry in Part 1 or Part 2 did you list the original creditor?

**PO Box 5257**

Number Street

Line **4.20** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**New York**

**NY**

**10008-5257**

City

State

ZIP Code

**Tower Health**

Name On which entry in Part 1 or Part 2 did you list the original creditor?

**PO Box 825602**

Number Street

Line **4.23** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Philadelphia**

**PA**

**19182-5602**

City

State

ZIP Code

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$1,303.20</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$2,813.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$4,116.20</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$27,276.42</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$27,276.42</u>

**Fill in this information to identify your case:**

Debtor 1 Barbara Jean Sims  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA

Case number 21-12240  
(if known)

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease

State what the contract or lease is for

**Fill in this information to identify your case:**

Debtor 1	<u>Barbara</u>	<u>Jean</u>	<u>Sims</u>
	First Name	Middle Name	Last Name
Debtor 2	_____		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DIST. OF PENNSYLVANIA</u>		
Case number (if known)	<u>21-12240</u>		

☐ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
☒ No  
☐ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:



**Fill in this information to identify your case:**

Debtor 1	<b>Barbara</b>	<b>Jean</b>	<b>Sims</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DIST. OF PENNSYLVANIA</b>		
Case number (if known)	<b>21-12240</b>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
<b>Occupation</b>	<b>Medical Office Assistant</b>	
<b>Employer's name</b>	<b>QTC</b>	
<b>Employer's address</b>	<b>1700 Paoli Pike</b> Number Street	Number Street
	<b>Malvern</b> <b>PA</b> <b>19355</b> City State Zip Code	City State Zip Code
<b>How long employed there?</b>	<b>New Hire</b>	

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<b>\$4,004.00</b>	
<b>3. Estimate and list monthly overtime pay.</b>	<b>+</b> <b>\$0.00</b>	
<b>4. Calculate gross income.</b> Add line 2 + line 3.	<b>\$4,004.00</b>	

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... ➔ 4.	<b>\$4,004.00</b>	
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <b>\$813.59</b>	
5b. Mandatory contributions for retirement plans	5b. <b>\$0.00</b>	
5c. Voluntary contributions for retirement plans	5c. <b>\$240.00</b>	
5d. Required repayments of retirement fund loans	5d. <b>\$0.00</b>	
5e. Insurance	5e. <b>\$0.00</b>	
5f. Domestic support obligations	5f. <b>\$0.00</b>	
5g. Union dues	5g. <b>\$0.00</b>	
5h. Other deductions. Specify: _____	5h. + <b>\$0.00</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <b>\$1,053.59</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <b>\$2,950.41</b>	
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <b>\$0.00</b>	
8b. Interest and dividends	8b. <b>\$0.00</b>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <b>\$0.00</b>	
8d. Unemployment compensation	8d. <b>\$0.00</b>	
8e. Social Security	8e. <b>\$1,421.00</b>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <b>\$0.00</b>	
8g. Pension or retirement income	8g. <b>\$0.00</b>	
8h. Other monthly income. Specify: _____	8h. + <b>\$0.00</b>	
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <b>\$1,421.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$4,371.41</b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: <b>Family Contribution</b>	11. + <b>\$800.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. <b>\$5,171.41</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <b>None</b>		

**Fill in this information to identify your case:**

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Debtor 1 **Barbara** **Jean** **Sims**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DIST. OF PENNSYLVANIA**

Case number **21-12240**  
 (if known)

**Official Form 106J**

**Schedule J: Your Expenses**

**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☒ No. Go to line 2.  
☐ Yes. Does Debtor 2 live in a separate household?  
☐ No  
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

☒ No

☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No  
☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**Your expenses**

**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

**If not included in line 4:**

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

4. **\$1,459.38**

4a. \_\_\_\_\_

4b. \_\_\_\_\_

4c. **\$150.00**

4d. \_\_\_\_\_

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**Your expenses**

<b>5. Additional mortgage payments for your residence, such as home equity loans</b>	5.	<b>\$232.00</b>
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	<b>\$575.00</b>
6b. Water, sewer, garbage collection	6b.	<b>\$175.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	
6d. Other. Specify: _____	6d.	
<b>7. Food and housekeeping supplies</b>	7.	<b>\$825.00</b>
<b>8. Childcare and children's education costs</b>	8.	
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<b>\$150.03</b>
<b>10. Personal care products and services</b>	10.	<b>\$50.00</b>
<b>11. Medical and dental expenses</b>	11.	<b>\$200.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<b>\$450.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<b>\$150.00</b>
<b>14. Charitable contributions and religious donations</b>	14.	<b>\$40.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	
15b. Health insurance	15b.	<b>\$290.00</b>
15c. Vehicle insurance	15c.	<b>\$62.00</b>
15d. Other insurance. Specify: _____	15d.	
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a.	
17b. Car payments for Vehicle 2	17b.	
17c. Other. Specify: _____	17c.	
17d. Other. Specify: _____	17d.	
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	

Debtor 1 **Barbara Jean Sims**

Case number (if known) **21-12240**

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: \_\_\_\_\_ 21. **+** \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$4,808.41</div>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$4,808.41</div>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$5,171.41</div>
23b. Copy your monthly expenses from line 22c above.	23b. <b>-</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$4,808.41</div>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$363.00</div>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

**None.**

**Fill in this information to identify your case:**

Debtor 1 Barbara Jean Sims  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA

Case number 21-12240  
 (if known)

☐ Check if this is an amended filing

Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**  
 Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B..... \$335,880.00

1b. Copy line 62, Total personal property, from Schedule A/B..... \$24,509.00

1c. Copy line 63, Total of all property on Schedule A/B..... \$360,389.00

**Part 2: Summarize Your Liabilities**

**Your liabilities**  
 Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... \$182,409.90

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$4,116.20

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... + \$27,276.42

**Your total liabilities**

\$213,802.52

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I..... \$5,171.41

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J..... \$4,808.41

Debtor 1 **Barbara Jean Sims** Case number (if known) **21-12240**

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$3,940.00**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$1,303.20</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<div style="border: 2px solid black; padding: 2px;"><u><b>\$1,303.20</b></u></div>

**Fill in this information to identify your case:**

Debtor 1 Barbara Jean Sims  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA

Case number 21-12240  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Barbara Jean Sims  
Barbara Jean Sims, Debtor 1

Date 09/09/2021  
MM / DD / YYYY

**X** \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY